## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed when

| appropriate. All further indicated unless correct maintenance fee notificate   | correspondence including deleted or directed of the directed o | ng the Patent, advance o<br>herwise in Block 1, by (a | rders and notification of<br>a) specifying a new corr   | f maintenance fees verespondence address  | will be r<br>; and/or | nailed to the current<br>(b) indicating a sep | t correspondence address as<br>parate "FEE ADDRESS" for |
|--|--|---|---|---|-----------------------|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |   |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |                       |   |   |
| 34284  | 7590 06/27   | 7/2007  | 112   |   |                       | _   |   |
| Rutan & Tucker, LLP. Hani Z. Sayed 611 ANTON BLVD SUITE 1400   |  |   |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                       |   |   |
| COSTA MESA, CA 92626   |  |   |   | Francine Sanders (Depositor's name)   |                       |   |   |
|  |  |   | -   |   | _                     |   | (Signature)   |
|  |  |   | L   | Sapra Septe   | mber                  | 20, 2007                                      | (Date)  |
| APPLICATION NO. FILING DATE  |  |   | FIRST NAMED INVENTOR  |   | ATTORNEY DOCKET NO.   |   | CONFIRMATION NO.  |
| 10/678,901   | 10/02/2003   | David Tye   | 021878.0005US1 2357   |   |                       | 2357  |   |
|  |  | TAINER GRIPPING DE                                    |   | rear grantenia sono e popular accomo de como d  |                       |   |   |
| APPLN, TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUI   | PREV. PAID ISSU   | E FEE                 | TOTAL FEE(S) DUE                              | DATE DUE  |
| nonprovisional   | YES  | \$700   | \$300   | \$0   |                       | \$1000  | 09/27/2007  |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS  |   |                       |   |   |
| OKEZIE, I  | ESTHER O   | 294-103100  |   |   |                       |   |   |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>   |  |   | (1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent at | inting on the patent front page, list ames of up to 3 registered patent attorneys OR, alternatively, ame of a single firm (having as a member a d attorney or agent) and the names of up to red patent attorneys or agents. If no name is name will be printed.  1 Hani Sayed  2 Rutan & Tucker, LLP  |                       |   |   |
| 3. ASSIGNEE NAME A   | ND RESIDENCE DATA  | A TO BE PRINTED ON                                    | THE PATENT (print or t  | ype)  |                       |   |   |
| PLEASE NOTE: Un recordation as set fort  (A) NAME OF ASSI  |  | ified below, no assignee pletion of this form is NO   | data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT                                       |   |                       |   | ocument has been filed for                              |
|  |  |   |   |   |                       |   |   |
| AQUATYZER ENGINEERING, INC. SIGNAL HILL, CALIFORNIA  |  |   |   |   |                       |   |   |
| Please check the appropr   | riate assignee category or   | r categories (will not be pr                          | inted on the patent):   | Individual 🛂 Co   | orporatio             | n or other private gro                        | oup entity Government                                   |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  A publication Fee (No small entity discount permitted)  Advance Order - # of Copies 2  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502191 (enclose an extra copy of this form). |  |   |   |   |                       |   |   |
|  |  |   | overpayment, to Dep   | oosit Account Number  | er <b>502</b>         | 191 (enclose a                                | n extra copy of this form).                             |
|  | a <b>tus</b> (from status indicated<br>as SMALL ENTITY state   |   | ☐ b. Applicant is no lo   | nger claiming SMAI  | LL ENTI               | TY status, Sec 37 Cl                          | FR 1.27(g)(2).  |
| NOTE: The Issue Fee an   | nd Publication Fee (if req   | 1 V   | d from anyone other than  |   |                       |   | ne assignce or other party in                           |
| Authorized Signature   |  | A Tradellark  |   | DateSer   | otemb                 | er 20, 2007                                   |   |
| Typed or printed name Hani Sayed   |  |   |   | Registration No. <b>52,544</b>  |                       |   |   |
|  |  |   |   |   |                       |   |   |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.